Before the
FEDERAL COMMUNICATIONS COMMISSION
Washington, D.C. 20554

In the Matter of	)	
FCC Seeks Comments and Data on Actions to Accelerate Adoption and Accessibility of Broadband-Enabled Health Care Solutions and Advanced Technologies	)	GN Docket No. 16-46

REPLY COMMENTS OF GEISINGER HEALTH SYSTEM

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I. The $400 Million Cap On The Rural Healthcare Fund Should Be Increased to Meet Current Demand And, At A Minimum, Be Raised To Meet Inflation Standards.

Geisinger agrees with commenters supporting an increase in the $400 million cap of the Rural Healthcare Fund (the "Fund" or "RHF"), as the Fund is no longer adequate to cover funding demand from eligible healthcare providers.[1] While demands on the Fund have grown, both from an increase in the organic broadband demand needs of eligible providers and an expansion of the class of eligible provider facilities by Congress and the Commission, the Fund's cap has remained deadlocked for the past two decades, not even adjusting for inflation in 20 years. The $400 funding cap is no longer sufficient to meet the needs of eligible participants. As currently provided for in the E-rate Program, Geisinger urges, at a minimum, that the Commission take prompt action to: (1) increase the $400 million cap to account for the rate of inflation for the past 20 years and anticipated rates of inflation in future years; and (2) adopt a rule providing for the Commission to roll over unspent funds from prior years to support eligible requests for funding under the Fund beginning in FY 2017 and continuing.

Healthcare providers are seeing an increased demand in bandwidth requirements due to the expanded deployment of telehealth applications in rural areas. According to comments from the New England Telehealth Consortium ("NETC"), there has been a 328% growth in installed bandwidth across the NETC network in the past six years where the average bandwidth per site has increased 550% from 20MB to 130 MB.[2] Moreover, according to NETC's projections, healthcare provider bandwidth will exceed 1 Gigabit per month across its entire network.[3] As the NETC projections indicate, and Geisinger's own initiatives show, the strain on the RHF will be

[1] See Comments of American Hospital Ass'n, May 23, 2017 at 14-15; Comments of Alaska Communications, May 24, 2017 at 6; Comments of Schools, Health and Libraries ("SHLB") Coalition, May 24, 2017 at 3; Comments of The National Rural Health Association, May 23, 2017 at 3-4; Comments of Telequality Communications, Inc. May 24, 2017 at 7-8; Comments of Dahl Memorial Clinic, May 23, 2017 at 2.
[2] See Comments of New England Telehealth Consortium, May 24, 2017 at 3.
[3] Id.

exacerbated over the next several years and leave healthcare providers with even less support for their growing telehealth needs. Shrinking broadband funding for eligible health providers and RHF consortia will certainly hinder continued progress in bridging the digital health divide in underserved rural areas. And rural patient care, particularly by medical specialists in short supply, will suffer.

The assumptions made by the Commission when it originally created the RHF and set the funding cap are not only no longer accurate, like a 20 year old Census, they are based on outdated assumptions.[4] At the time the cap was set, the Commission estimated the number of eligible rural healthcare providers at 12,000 and that services eligible for support would require a maximum broadband speed of 1.544 Mbps.[5] Without any adjustment to the funding cap in the past two decades, the fund has not been able to keep pace with changes in the marketplace. Since 1997, the number of healthcare sites has significantly grown to accommodate for growth in population and there is an increased need for broadband as a critical healthcare component.[6] Electronic Health Record systems have become state-of-the-art in the healthcare industry, and require broadband capacity and speeds. Not surprisingly, in 2016, the Funding Cap could not meet the demand of the participants, resulting in a 7.5% reduction in funding for many applicants, including a number of legacy consortia who have invested heavily in developing telemedicine programs with their consortia members. The cap will be further strained by the Commission's Memorandum Opinion and Order released today implementing the Rural Healthcare Connectivity Act of 2016, which amends section 254(h)(7)(B) of the Communications Act of 1934 to include skilled nursing facilities ("SNFs") among the pool of health care providers eligible to receive

[4] See Comments of Alaska Communications at 5.
[5] Id.; see also Federal-State Joint Board on Universal Service, CC Docket No. 96-45, First Report and Order, FCC 97-157, 12 FCC Rcd 8776 (1997) at ¶706 and ¶623.
[6] See Comments of SHLB Coalition at 6.

RHF support.[7] That one amendment of the statute will add an estimated 1,650 additional eligible rural healthcare providers to the RHF program.[8] Further reductions in FY2017 funding and beyond will have a chilling effect on the growth of telehealth programs in rural areas.[9]

Geisinger supports the comments of filers seeking an increase to the RHF to $800 million or, at a minimum, to meet inflation over the two decades since the program was first created in 1997.[10] Raising the funding cap to meet current inflation standards would mean an increase to a $600 million cap.[11] As other commenters have noted, the E-rate program, which supports broadband funding for schools and libraries, has increased from $2.5 billion in 1997 to $3.94 billion in 2016 to account for increasing needs.[12] According to the SHLB Coalition, increasing the RHF cap to $800 million per year could likely be achieved without a material change to the contribution factor, thus incurring little strain on consumers.[13] Given the increased demand on the Fund due to an increase in the number of eligible rural healthcare providers and an increase in the bandwidth needs of those providers in order to continue to expand efforts in telehealth and telemedicine, Geisinger urges the Commission to increase the cap, at a minimum to meet

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[7] Memorandum Opinion and Order, *In the Matter of Rural Health Care Support Mechanism*, WC Docket No. 02-60 (rel. June 8, 2017). The Commission's amendment of section 54.600(a) to include SNFs in the definition of "health care provider" is effective upon publication of the June 8 Order in the Federal Register. *Id.* at 2.

[8] See Comments of Alaska Communications at 5; Rural Health Care Connectivity Act of 2016, H. Rep. No. 114-582, at 5 (2016); accord Rural Health Care Connectivity Act of 2015, S. Rep. No. 114-368, at 5 (2015); see also, Comments of SHLB Coalition at 3; see also Comments of The National Rural Health Association at 2-3 (noting that the funds are being underutilized by eligible recipients due to regulatory hurdles and indicating that if utilized by more eligible recipients the fund would be further strained).

[9] See Comments of SHLB Coalition at 3.

[10] See Comments of Alaska Communications at 6 and 7 at fn.18 (noting "Alaska Communications has calculated that the inflation-adjusted RHC mechanism budget would be approximately $600 million, meaning that an $800 million figure represents only a very modest increase to account for demand from newly-eligible rural health care provider applicants and faster, more capable broadband services"); see also Comments of SHLB Coalition at 7; see also Comments of American Hospital Ass'n at 14-15.

[11] See Comments of Alaska Communications at 7.

[12] See Comments of SHLB Coalition at 6; Comments of Alaska Communications at 7; Comments of Telequality Communications, Inc. at 7-8.

[13] See Comments of SHLB Coalition at 6-7.

inflation, or alternatively to $800 million, which should be sufficient to fulfill the current needs of participants and encourage continued growth in telehealth.

Geisinger further supports a change to the Rural Healthcare Fund to allow for the rollover of any unspent funds from prior years to support the program.[14] This is consistent with a request made by several U.S. Senators to FCC Chairman Pai supporting the idea that unused RHF money from prior years could be used to support the program, as is currently done in the E-rate program.[15]

II. The Rural Healthcare Fund Should Support Administrative Expenses of Consortiums.

Geisinger supports the comments of the American Hospital Association, which seeks support for administrative consortium costs, including "reasonable expenses in preparing applications and other administrative costs associated with network design, construction and contract administration."[16] While Geisinger supports the utility of a consortium model, Geisinger agrees with the American Hospital Association that the costs of participating in a consortium can be a deterrent to participation. Accordingly, Geisinger urges the Commission to consider coverage of the administrative expenses of consortiums in future proceedings involving reform of the Rural Healthcare Program.

III. The Rural Healthcare Program Should Support Remote Patient Monitoring As An Eligible Expense.

Geisinger also supports the request of the American Hospital Association to change the Rural Healthcare Program rules to include the costs for remote patient monitoring as an eligible expense.[17] According to the American Hospital Association, subsidization of wireless broadband

[14] See Comment of SHLB Coalition at 7.
[15] See Comments of SHLB Coalition at 7.
[16] See Comments of American Hospital Association at 16.
[17] Comments of American Hospital Association at 17.

services purchased by healthcare providers for remote monitoring would be a minor expenditure for broadband services that could result in considerable savings in healthcare costs.[18] Funding of wireless broadband services for remote patient monitoring would provide significant support for Geisinger's telemonitoring services, which save Geisinger's rural patient population from significant travel time and the geographic, physical and financial challenges of travelling to obtain specialized care.

IV. The FCC Can Further Promote and Help Enable the Adoption and Accessibility of Broadband-Enabled Health Technologies, Like Telehealth and Telemedicine in Rural and Underserved Areas by Extending Support under The Rural Healthcare Program for Additional Services.

Additional support for mobile broadband services would help achieve the Commission's goal of further promoting and enabling the adoption and accessibility of broadband-enabled heath technologies like telehealth and telemedicine in rural and underserved areas. Such support would include broadband services to support mobile clinics and health kiosks, which bring needed medical services directly to patients living in rural, underserved communities.[19]

Geisinger further supports Kaiser Permanente's request for support for mobile broadband services for ambulances and first responders to ensure coordination of information between first responders, healthcare facilities and experts providing remote consultation.[20] In 2005, Geisinger founded the Keystone Health Information Exchange® ("KeyHIE"), which developed the KeyHIE Transform®, a tool that makes it easier for emergency medical services ("EMS") providers to transmit critical patient medical information to hospitals for use in emergency situations. The KeyHIE program connects 18 hospitals, 251 physician practices, 95 LTC facilities, 30 home health agencies and serves over 4 million patients in over 53 counties in Pennsylvania. KeyHIE

[18] *Id*. at 18.
[19] See Comments of Kaiser Permanente, May 24, 2017 at 6.
[20] *Id*. at 6.

developed the KeyHIE Transform tool, which extracts clinically relevant National Emergency Medical Services Information System data from a Patient Care Report and then converts it into a document that can be read and incorporated within a Health Information Exchange, making it immediately accessible by participating clinicians. In emergency situations, where time can be a critical factor in patient outcomes, the KeyHIE Transform tool allows faster, simpler access to critical patient data by treating physicians and specialists. Use of the tool by first responders in the field relies on the use of mobile broadband service to transfer information from the field to the patient care facility. Funding mobile broadband services for first responders in the field would help facilitate support for hospital systems to utilize these types of life saving tools and enable better telehealth solutions for patients in emergency situations.

Geisinger further supports comments made by Kaiser Permanente requesting extension of Rural Healthcare Program funding to support the deployment of Distributed Antenna Systems ("DAS") to provide wireless broadband access to patients, guests and providers uniformly throughout buildings on a medical campus. Ensuring that physicians, nurses and patients alike have in-building wireless coverage is important, particularly in the case of medical emergencies. Expansion of the Rural Healthcare Program to cover these additional services would serve the Commission's goal of further promoting and helping enable the adoption and accessibility of broadband-enabled health technologies in rural and underserved areas. These additional services allow for better, more efficient patient care, especially in emergency situations.

V. The FCC Should Support More Programs Aimed at Putting Mobile Devices into the Hands of Patients in Rural Areas.

Geisinger supports the comments of WellCare Health Plans, Inc. seeking additional Commission support for programs aimed at putting mobile devices into the hands of patients in

rural areas.[21] Geisinger agrees that many patients in rural areas simply do not have access to broadband at home, making any home-based telehealth program an impossibility. Telehealth programs, particularly in the behavioral health arena for adolescent psychiatry such as treatment for autistic children, would benefit greatly from increased access by patients to broadband in the home. Geisinger encourages the Commission to evaluate additional programs aimed at bringing broadband to the home through mobile device use, especially in rural, underserved communities.

VI. Conclusion

In its April 24th Public Notice seeking comment and data, the Commission asks how "it can help enable the adoption and accessibility of broadband-enabled health care solutions, especially in rural and other underserved areas of the country." Geisinger urges the Commission to recognize that the most effective and targeted way of achieving this goal is through continued funding and expansion of the Rural Healthcare Fund so that rural healthcare providers that rely on the Fund to support their telehealth and telemedicine programs can provide the specialized health care needed to the most patients in the rural counties that they serve.

Respectfully submitted,

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[21] Comments of WellCare Health Plans, Inc, May 19, 2017 at 2.